

CITY OF LONGMONT

Firefighter Supplemental Application

All questions must be answered completely. Omitted answers will be grounds for rejection. You may use an additional sheet if necessary. If something is not applicable, mark N/A, leave no blanks.

Name: _____

Address: _____

Street City State Zip Code
P.O. Box not accepted

MOTOR VEHICLE OPERATION

Name as it appears on driver's license: _____

Driver's License number: _____ State: _____ Expires: _____

Please list all other states in which you have been licensed to operate a motor vehicle:

<u>State</u>	<u>Year(s) Issued</u> (i.e.: 2001)	<u>Name Under Which License was Granted</u>
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Please list all traffic citations (excluding parking violations) you have received within the last five years.

<u>Nature of Violation</u>	<u>City & State Location</u>	<u>Approximate Date</u>	<u>Amount of Action Taken On License</u>
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Has your license **EVER** been suspended, revoked, or placed on negligent operator's probation?

Yes or No _____

If yes, date(s) of suspension: _____

If yes, date(s) when restored: _____

Please read the following checklist and indicate your response by circling Yes or No. **Place your initials next to your response. By initializing, you verify that you have read and understand the information asked of you.** A yes answer to any of the questions is not an automatic disqualifier. **If you answered yes to any of the questions, attach additional sheets and give complete details of each offense, investigating law enforcement agency, disposition, dates, and locations.**

I am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates, etc., and review of my driving record, credit history, criminal history and service in the military as well as undergo a pre-employment polygraph, psychological evaluation, physical examination and an urinalysis drug test.

Yes or No _____

Have you ever:

Been convicted of a felony?

Yes or No _____

Committed a felony?

Yes or No _____

Been convicted of a misdemeanor?

Yes or No _____

Used any illegal drugs?

Yes or No _____

Abused prescription drugs?

Yes or No _____

Sold illegal drugs?

Yes or No _____

Used marijuana?

Yes or No _____

Had any illegal use of Steroids?

Yes or No _____

Been arrested for DUI or DWAI?

Yes or No _____

Intentionally falsified any official document?

Yes or No _____

Been convicted, entered a guilty plea or been given probation before judgment for any assault that occurred in a domestic setting?

Yes or No _____

I hereby certify that:

- All statements made in the “*Firefighter Supplemental Application*” are true and complete.
- I understand that any misstatements of material facts will subject me to disqualification or dismissal from the process.
- If the misrepresentation is discovered after hiring, I understand I may be subject to inquiry and administrative or disciplinary action up to and including dismissal.

Signature of Applicant

Date